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NATIONAL GUARD ON-THE-RECORD ZOOM/TELEPHONIC MEDIA ROUNDTABLE

October 1, 2021

TOPIC	SUBJECT MATTER EXPERTS
National Guard Bureau's Response to 2020 DoD Annual Suicide Report: Partnering to Reduce Suicides	<ul style="list-style-type: none">▪ Army Maj. Gen. Eric K. Little, director, National Guard Bureau Manpower and Personnel (J-1)▪ U.S. Public Health Service Rear Adm. Matthew Kleiman, director National Guard Warrior Resilience and Fitness

Background:

The health, safety, and well-being of our airmen, soldiers and family members is essential to the readiness of the National Guard. Every death by suicide is a tragedy. National Guard Bureau senior leaders provide an update on National Guard efforts to reduce suicide, strengthen readiness and build resilience among the nearly 450,000 men and women who serve in the Army and Air National Guard. Media attendees will have the opportunity to ask questions.

Dialogue:

[Name]

[QUESTION/RESPONSE]

Wayne Hall [00:00:23]

Good morning, thank you for joining us for today's media roundtable focusing on the National Guard Bureau's response to the 2020 DoD annual suicide report. Before we begin, I want to remind everyone that this event is considered "on the record." The roundtable will last approximately 45 minutes and begin with opening remarks from Army Major General Eric K. Little, Director, National Guard Bureau, Manpower and Personnel, the J1; followed by remarks from U.S. Public Health Service Rear Admiral Matthew Kleinman, Director, National



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Guard Warrior Resilience and Fitness. And with that general little, I'll turn it over to you.

Maj. Gen. Eric K. Little [00:01:04]

Thank you, and good morning to all, and first of all, I want to take you, thank you all for taking time to cover a very important issue facing us not only in the National Guard, but the entire nation. This is a big deal for us. Suicide is the leading cause death in the US not only in this vein, but in those military populations. As you all know, our young males and the use of, lethal use of, firearms is the leading indicators for us right now. In 2020 our suicide rate was 27 deaths per 100,000, which is comparable to 2018, which did follow a short-term decrease in 2019. Currently, there's no evidence of a long-term increase or decrease in suicide rates since 2015. Now, as we all know, the pandemic brought all sorts of stressors to the National Guard. The National Guard was busy fighting not only COVID, we had civil disturbance, we had fires, we had hurricanes. The National Guard was very busy in 2020 as it is and going into and still in 2021. This unique dual mission to support a federal and state mission does pose increased risk factors for us that we're aware of. We're going to talk about a little later on today some of the things that we're doing to try to help with the mental health and fitness for our soldiers and airmen across the 54. We're very widely dispersed across the 54 states and territories. We cover almost every community. And that means we have service members coming from every community and every type of risk factors. So that is a complicated problem for us. But we do have some things in place to address those issues. The challenges in 2020 and challenges in 2021 with this pandemic continue, so we continue to assess. We did not see a huge spike or a huge indicator due to



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COVID, but it is still too early to say probably too, that some of the things that we do. So General Hokanson, our chief, in the end of 2020 directed us to establish a Suicide Prevention Task Force and this task force was to identify some gaps that we have and measure the effectiveness of our current initiatives that we currently have; educate leaders at all levels and reduce stigma; and then also increase access to care. This task force met for six months. It met with members from the 54 as well. We also had some key elements from other agencies as well as inside the National Guard. Again, the intent was to establish and create ideas that we can use to help reduce suicides across the board inside the National Guard. So, with that being said, we had the Independent Review Commission. So, some of the things coming out of the Independent Review Commission as it relates to violence carried over into this task force and some of the things that we're turning into 2021 and into 2022 to move forward. We know that a prevention, violence prevention workforce is key to that. So, we are looking at options for that. We also have currently 27 pilots across 34 states that we're currently doing. And some of those pilots, for example, is a thing called springboard. And what we're using springboard to do is is assess risk factors and it can go down to the community level. This tool will help commanders identify key risk factors they have in their specific communities and for our mental health professionals to be able to key in on certain things that we're seeing as trends. And more importantly, apply the appropriate number of resources to address these issues. Some other specific pilots we have out there include something called Star Behavioral Health and what this pilot does is bring in civilian doctors and train them on specific mental



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health issues that our members are dealing with, such as PTSD. We've worked with over 1,000 doctors to bring them in and our medical professionals to bring them in and teach them these types of things. We have another program out there that is bringing in the members and families to help recognize when they're in need of help. The families recognize, or even the service members recognize, some of the risk factors that are out there and they're in front of them. Another one we're looking at is taking new recruits come in because again, we're representing society to screen them and say, "Hey, do they have any risk factors that we need to look out for?" Again, a pilot that we're taking a look at a big success to, and this goes into partnerships is working with the vet centers, getting access to care. Access to care is a huge, it has been and continues to be a huge challenge for us. But we are getting better in those areas and we're seeing a huge increase in our members going to vet centers. So, we see that as a big plus in reducing stigma. I mentioned as quickly, but stigma is something the military is facing. And what we're trying to do is to have our members understand that if you have a sprained ankle, having a mental health issue is no different than having this sprained ankle. And we're reviewing policies and any programs out there to reduce that stigma, to say it's OK to come get help. It's not a bad thing to come and ask to get help. Start reducing that stigma. So, we have several programs going on out there and we will continue to work these pilots that we that we talked about. We are in coordination with our services, the Army and the Air Force, with OSD also, to where they have their pilots to make sure they work for the National Guard. Also, lots of things that we're doing. This is a very complicated problem. Our number one, let



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me be clear. One suicide is too many for us. Our goal would be zero. Our goal is zero. It is. It is very stressful for us when we see or are notified of a suicide within our ranks. And we take that very serious, and our chief and our senior leaders, our adjutant generals. We have seen enormous amounts of support. Our adjutant generals out in the 54 are working this hard, even individually working with their community partners to see what they can do inside their state, to also provide those resources to our members that need help and the resources identified. Those resources, identify the risk factors and the first line leader, ensuring that our first line leaders have been trained to understand what to do if someone comes and needs help or to understand that that member is feeling down and what they should do with that. So, those are some of the things that we're doing, just a high overview, the things that we're doing in the National Guard. I am going to turn over to Admiral Kleiman to let him let him address that.

Rear Adm. Matthew Kleiman [00:07:53] Thank you, sir. So, I'll be very quick. That was a really comprehensive overview of a lot of what we're doing and what our focus areas have been over the last year. The one thing I just wanted to add in terms of my opening remarks, so working kind of in the integrated prevention lane, we're really focused on a comprehensive public health approach to suicide. The Guard has really kind of focused its efforts on kind of recognizing that, you know, mental health care is really important as it relates to suicide prevention. But suicides can also be the result of, you know, individual and broader community and societal factors. So really, to improve our prevention efforts, we're focusing on those evidence-informed practices and including



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those from not only within the National Guard, but outside of DoD as well. So, our partnerships are really critical and our purpose is to really try to enhance protective factors while addressing risk factors for suicide. And you'll see as we go through our discussion today that all of our programs are really focused on those two primary issues. So, I really look forward to the opportunity to answer your questions today and talk a bit about some of what the Guard is doing to try to prevent suicides. I'll go ahead and put my mike back on you and take your questions.

Maj. Gen. Eric K. Little [00:09:14]

Hey, wait. Let me just add one more thing. I'm sorry. One thing I wanted to discuss, and I failed to do that. I mentioned this earlier the use of firearms, so the use of firearms is one of the leading methods that our members are using. Lethal means safety is something that we're keen and on to, and I guess I wanted to address this because we know the time, the space, is something that we need to focus in on. We can have one barrier in place if one has to open up a door or open up a drawer, find ammunition, something to that case, we know that will make a difference. So that was the other thing that we're really focusing on. You will see more and more on this as we get into to FY22 is focusing on lethal means safety. That's a very key element for us that we recognize.

Wayne Hall [00:10:05]

Thank you, sir. So being respectful of time, we ask the media to stick to one question and a brief follow up. We'll allow for additional questions should time permit. If we're unable to answer your question, or we'll take a note of it and work to get you an answer as soon as we can. We're also putting the panel member bios and they as well as the Chief of the



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National Guard Bureau's Suicide Prevention Month letter to the force in the chat window. We also sent these out with the advisory this morning. So with that, I'm going to go ahead and start with questions. Do we have NBC, Courtney Kube on the on the phone. Nothing heard. Do we have a reporter from Fox News? Nothing heard Natalie Brophy from USA Today Network, are you on the line? You have a question. Natalie, are you with us? OK, we'll circle back. Stars and stripes, Caitlin Doornbos, Are you on the line? You have a question. OK, moving on. Steve Beynon from Military.com, I believe you have a question.

Steve Beynon [00:11:20]

I'm here. Yeah, so seems a lot of these suicides. I mean, it's just not necessarily related to combat trauma as a lot of people probably think. It seems to be more like maybe relationships or finances. How's that sort of guiding any sort of treatment or programs? Does this say? Does it say anything about the type of people? We're bringing in the Guard and has any outside the box sort of treatments been thought about? Like, you know, there's programs the VA is looking into, like yoga, jujitsu, service dogs or anything like that, if anyone could discuss some of that stuff.

Maj. Gen. Eric K. Little [00:12:02]

So, Matt, I'll kick that over to you on those specifics.

Rear Adm. Matthew Kleiman [00:12:07]

Thank you, sir. So, yeah, really good question. So, you're right there. What research has shown across the DoD services, not just the National Guard, is that there isn't really a statistical link between a combat deployment and suicide. So, what that means is that, you know, we know our population,



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it represents the broader U.S. population. So those same factors that you discussed - finances, relationships, legal issues, behavioral health issues - those are all we consider, all of those to be risk factors for suicide. And so, our approach really has taken that kind of upstream focus on trying to get after those kinds of issues as part of our suicide prevention program. Specifically, you know, you mentioned looking for novel approaches and best practices. We set up about three years ago, we set up a program called the Innovation Incubator, and this was our way of acknowledging that we have 54 states and territories that all have very unique populations, and they're all doing really innovative things out there in the states. So, we wanted to take that approach to really learn from what the states are doing and how do we incorporate that into our broader strategic approach. So, the innovation incubator allows for states to propose pilots that can be run with assistance from NGB, some funding, some technical support so that we can measure what's effective, what's working at the state level. What are those novel approaches, you know, such as, you know, providing relationship support, providing, you know, embedding behavioral health within units. We have some states that are looking at developing mobile apps to help provide support through smart phones and computers. So, so all of that is happening. We have 27 pilots right now that are running across 34 states. So, I would say I don't have enough time today to talk to you about each one of those. But what we're doing is looking at those is a three-year cycle and year one is kind of proof of concept, year two is can we expand it? And then by the time we get to year three, for some of these pilots, we're looking at ways that we can leverage that across the broader National Guard.



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And we do have a few pilots that have made it to year three and and do show promise. So it's it's pretty exciting and it allows us to support the states. It also allows us to see where we may have some best practices, as well as maybe some gaps that we need to fill.

Wayne Hall [00:14:49]

Thank you, sir. I'm going to circle back to Caitlin Doornbos from Stars and Stripes, I think you might have had some trouble un-muting, do you have a question, Caitlin.

Caitlin Doornbos [00:14:59]

Yes, right, sure. Can you hear me now? Yes. Okay, good. Oh, great. Thank you. Yeah, I just saw one of the elements is that I think since I was reading the report yesterday was just the why behind it? Do you have any dissertations about why the rates are higher within the Guard?

Maj. Gen. Eric K. Little [00:15:25]

So I would you mean, as far as why they're higher than the DoD or why they're higher or higher in society, I mean, just for clarification. I guess we can answer both. So, and I'll let Matt jump on the DoD specifically, but as far as the population goes, we're actually a little lower than the general population. When you match the same type of people. So as far as DoD, Matt, can you jump in and I thought we were actually lower or the same way.

Rear Adm. Matthew Kleiman [00:16:02]

So, yeah, it's a very nuanced question, so I want to take a little bit of time to try to answer it comprehensively. So, our rates in 2020 did go up when you compare them to our rates in 2019. However, when we're talking about suicide rates, what we want to do is look for trends over time. So, when we look at our five year rates and the National Guard, our 2020 rates were comparable to what the



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five year average is. So, while we did see a dip in 2019, when we look at the last five years, the guard rates have been consistent and they haven't gone up or down. Statistically, when you compare our rates to DoD. Actually, when you adjust for and this is with the U.S. population as well, when you adjust for age and gender, the National Guard does is comparable to the US population and to the broader DoD. So, you know, there are some misconceptions about the guard rate being higher. And certainly, you know, one suicide is too many. But but when you're looking at the per 100,000 rates that we calculate based on the CDC guidelines, we've been consistent over the past five to 10 years, whereas the US population has been kind of steadily going up. So, and of course, the Guard is a reflection of their local communities were a reflection of the U.S. population. So, a lot of the issues that we see across the US population, we're seeing with the National Guard as well, because that's where we recruit from. And you know, again, most of our service members in the National Guard, you know, they're drilling once a month, but they're also living and working within their local communities. So, it's tough to compare the two, really, because we're all part of the same overall population.

Caitlin Doornbos [00:17:57]

I think I guess part of my question was if there's anything different about being in the National Guard and being part of the local population and whether that factor sets that apart from those of in the Army, Marines active duty. If there was anything there that led to that, sure, sounds like you're saying, but.

Maj. Gen. Eric K. Little [00:18:18]

So I just want to add a little bit to that, to me, that's a great question. I appreciate that. So, you



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mentioned that. So, what's different between National Guard and the active duty per se? You know, so our challenge is we only see these soldiers and airmen one weekend a month. Twenty-eight days, they're on their own and, you know, go back to their communities where they came from and our challenge and our leaders challenge is to make sure we stay connected throughout the month as we had to do through COVID. And those are some of the things that we continue to focus leaders on the drive. The culture is the key for us and establish that that feeling that sense of safety inside, inside the military. And that's and that's what the guard has to continue to do. Not only on this issue with all issues is to stay connected and have our leaders stay connected and understand. And understanding that culture and climate mean a lot is those soldiers and airmen come to drill. But I just want to add to that Matt do you have anything else you want to add to that?

Rear Adm. Matthew Kleiman [00:19:18] Yes, sir. Yeah. And again, appreciate the question because I think it really gets to the heart of why we're trying to set up unique programs for the National Guard because we do understand there's some kind of unique challenges that that we face. I mean, anyone who's watched the news in the last year understands kind of the the role that the guard has been playing, you know, the the activations that that have occurred over the last 12 to 18 months or at a higher level than any time since World War II. And so being on the front line, you know, you're talking about set separations, you know, family separations, you're talking about having service members have to balance their job and their home life with their military service so that that's a little bit different. You know, when you think about the



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active component, who their job is there, their military service, whereas the guard is, you know, they're dual hatted. And so, a lot of the programs that we have are designed to provide support to those members, not only when they're activated, but also between those activations, when they're at home and when they're kind of in their civilian role. And that is one of the really unique issues that we have to account for as we look to provide strategic support and prevention programs, knowing that our population is very geographically dispersed and wear multiple hats and we don't always have those touchpoints that the active component does, you know, 24-7, 365. So, so those are just some of the big, big challenges that that we try to think about as we provide prevention support.

Wayne Hall [00:20:58]

Thank you, sir. We're going to circle back to Natalie as well. I think she may have had some un-muting issues. Natalie Brophy, are you with us?

Natalie Brophy [00:21:05]

Yes, I am. Thank you. I was wondering, what guidance does the National Guard Bureau give to individual states regarding suicide prevention?

Maj. Gen. Eric K. Little [00:21:16]

So there are specific policy policies, programs that we can, we actually provide resources to the states, we provide suicide assets to the to the adjutants general. We also obviously will follow the service guidance that goes from the Army or the Air Force down to the state. Lots of these pilots are driven from the bureau, but mainly they're resourcing the policy. That's what's provided out in the 54 in conjunction with the Army and Air Force. So again, those where those suicide prevention coordinators are sitting out there right now in the in the in the 54 our resourced by the by the National Guard Bureau



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and knows the direction and the what their task are come from the direction of the National Guard Bureau based and then also the adjutant general based on what they need. Additionally, the services provide their type of training, their suicide awareness training. There is specific to the army, has specific training, the Air Force has specific training. Those members have to also go through to. Matt, you want to add more on that?

Rear Adm. Matthew Kleiman [00:22:27] Yeah, thanks. So, we actually this this past year, we understand that, you know, given the that the there are additional stressors that our service members face this year, that we've developed some very specific things that have gone out to the states this year that I just wanted to highlight. We began a resilience newsletter that we're sending out now, which has leadership talking points. It has tips and tools on lethal means safety, firearm safety. It provides resources, so it has available resources to to those that need support. We also develop resource cards that went out to all 54, like pocket cards for commanders to basically be able to, you know, it's a pretty nifty card because it has all the different areas that a person may be dealing with some stress, whether it's financial relationship, work, stress, legal stress. And with a comprehensive list of resources that that are available kind of across the country. And then we developed some very specific tools, which I'll just touch on briefly in the interest of time. But we did a survey with the New York National Guard this past year to try to understand the impact of COVID. And from that survey, what we found was leadership support is really critical in terms of our suicide prevention efforts and our efforts to support members while they're being activated. So based on the results of



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that survey, we developed again information packets that went out to all 54 that really talk about how leaders can engage with service members, how they can provide support being transparent, recognize when someone may need assistance and how to direct them to care when they do so. That was very specific from kind of what we learned by interviewing all the members of the New York National Guard. There's a lot of others as well. But but on a regular basis, we're communicating with the 54; we have 113 DPHs in the Air Guard, directors of Psychological Health, and almost 100 in the Army National Guard that we're meeting with regularly and we're sending them information. And they're the ones who really have their fingers on the pulse of what's going on at the unit level. So it's a it's a challenging role to be in a strategic role when you have 54 distinct states and territories. But we've really developed a lot of strategies to make sure we're getting resources down to that E-4 to that enlisted member who may need support. And just to circle back to add to that.

Maj. Gen. Eric K. Little [00:25:10]

So Admiral Kleiman just hit it, part of our challenge is across the 54, so we're dealing with, you know, all aspects of the country. And so, all aspects of risk factors. So, we have so many programs and so much, so many resources is now trying to get that in the right areas into the right person. That's a challenge for us. I would be not saying something correct otherwise. It is a challenge to get the right resource to the right soldier or airman because we are so spread and so geographically dispersed. So, but that's what we that's currently how we're doing it. We are seeing some, some successes there. These pilots are a good test for us, too. We continue to exploit that springboard, as I talked about earlier, is



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getting down to that community so we can actually focus on the right resource. If it's a financial issue. We know that's one of the leading indicators of it's a marital issue. We can get the right resource down to the right areas. Thank you for that question.

Wayne Hall [00:26:04]

Thank you, sir. Federal News Network Scott Marcione. Have you joined us? So, nothing heard Kari Williams. Are you with us? Do you have a question? Kari I see you out there, I'll give you a minute if you kind of want to un-mute. Morning Kari, do you have a question?

Kari Williams [00:26:31]

No, I don't think you.

Wayne Hall [00:26:32]

OK. All right. We'll move on next to Katelyn Farrel. Katelyn Farrel from the Milwaukee Journal Constitution, are you with us? You have a question?

Katelyn Farrel [00:26:40]

Yeah, hi, thanks. One thing I'm wondering is given all the resources that do exist, I'm wondering if you have if there is any that you're aware of, like one-stop shop where folks and their family members can go to within any of this before. If there's an apparatus and structure for that and whether you've heard any, I guess, concern at all that sometimes so many resources are kind of allocated in different places. When troops are spread across any one state can sometimes be overwhelming and a challenge to figure out where to find what?

Maj. Gen. Eric K. Little [00:27:21]

So, thank you for the question that you nailed it. I kind of was highlighted earlier is our challenge is just that there are so many resources out there and then we're so geographically dispersed that does create a challenge. We actually are looking into one. One idea is to have a one-stop shop, as you just



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alluded to, but that's not realistic since if you're living in the state of Montana and the one-stop shop is the other side of Montana, that will not work. So, we're starting to look at some, some ways to do that. I believe COVID is really helped in this case because we know now that virtually things can be done, such as we're doing today. So that is one of the aspects we're taking a look at. And I would probably spill out over to you and over to the I.R.C. recommendations, too, that we're looking at doing that is having the resources. There were some we can call in or contact, and that's kind of a one stop shop for them. But it all may be virtually or in-person, but it's most cases for us would be virtually. Matt, you want to add to that?

Rear Adm. Matthew Kleiman [00:28:23] Yes, sir. So really good question, actually. So, we kind of understand at the strategic level that not everyone's going to access care the same way. So to some extent, we do want to be strategically, I would say, intentionally redundant in some cases and have multiple ways a person can get help. And that's not to dismiss your question by any means, but but we do understand that there needs to be some, some very clear guidance on what are the main resources that we're highlighting, for example, Military One Source. I'll just use that because everyone kind of knows what that is. Given the virtual nature of a lot of our population being spread out, not having access to brick and mortar, a Military One Source is a really good option for individuals who need assistance. They can access that through the phone over the internet. There are ways that they can get help that don't require them walking into a to an office building. So that's something we highlight a lot. The vet centers are something I want to highlight, too. We partnered with the VA last year



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to start bringing mobile vet centers on to drill weekends as another way for our service members to be able to walk in and get assistance right there through a weekend. Since we started that partnership, the number of unique visits from Guard members to vet centers have increased at the brick-and-mortar vet centers by 158 percent. And then at the mobile vet centers by almost 60 percent. So, we're seeing a lot more of our folks being able to walk in and get some type of support, whether it's behavioral health or financial or relationships through the through the VA vet centers. And then the last thing I'll say just kind of is to foot-stop something General Little talked about earlier is our Suicide Prevention Task Force. So, when we convened in January, we pulled in representatives from across the 54 to be part of this task force. And one of the things that they highlighted was exactly the question you just asked How do we how do we streamline what we're doing in terms of referring someone to help so that they're not confused and overwhelmed by the number of resources out there? So we are actually working on that kind of as we speak. We had over 40 members of the task force representing all types of specialties, from the operational community to the suicide prevention community. Really looking at this issue and developing strategies that we can send out to the states on how to streamline resources. But so, it's a work in progress, but we do recognize it's a challenge and we are working very diligently to get after that.

Wayne Hall [00:31:01]

Thank you, sir. We're going to go to Alex Horton next from The Washington Post. Alex, are you with us? Do you have a question? Alex.



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Alex Horton [00:31:13]

Yeah, you got me.

Wayne Hall [00:31:14]

Yes.

Alex Horton [00:31:15]

Thank you for that. Yeah, I'm kind of curious about the numbers here compared to the rest of the force. And I guess one way I look at the longer-term breakout of 2015 and 2020, I guess one word I describe it as as Sisyphean. It seems like there's some sort of relief that there hasn't been any statistical change up or down. But I'm curious about what that tells you about the impact, if any, your prevention efforts have been seen. You know, if you're able, even able, able to measure how well you're doing, if those numbers don't change and that's not to beat up on the Guard. No one's numbers are are getting better, but they're not moving in the direction you want. You know, and I think reporters on this call, you know, we've all heard the lines right, like when suicides too many we take too seriously. But the data doesn't really show evidence of that. So what evidence do you have that it is working? And I have a follow up question.

Maj. Gen. Eric K. Little [00:32:13]

So great question, so, you know, as the J-1 director, Admiral Kleiman knows this, I ask this question often is how do we know that what we're doing is working? I will tell you that we have been stable over the last five years where the US population has gone up. But what does that mean? I mean, we haven't gone down. I would agree. Our efforts, how do we know they're working and are we focusing on the right efforts thus part of what Admiral Kleiman just talk about the suicide task force is that's what they're asking is how do we know that our investments are paying off? And do we have the



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right, the right resource going to the right place? And is it the right resource? Part of what we're using these pilots for is just that part of it as we continue to mature spring board to identify those risk factors so we can zero in on applying the resources in the right place. We hope that makes a difference. We also know that we have to train our first line leaders better to better understand these risk factors and better understand and establish a better culture. Stigma is a huge deal. We know if we don't get stigma changed, if we don't get our first line leaders trained, you can have a million resources in the world. So those are the things that we really this task force is zeroing in on. This is the some of the things that we're wrapping in a prevention of violence prevention workforce. We believe that will help be the constant to identify and people think about prevention that also we're hoping to be key. We're hoping it will make a difference also this year because I agree with you that that is something that I that I asked the same question every day is is I want to make sure what we're doing and the resources we're expanding are they are they making a difference? Matt, I'll let you jump in on that. I know you get something out of that.

Rear Adm. Matthew Kleiman [00:33:59] Sure, absolutely. I really appreciate the question because it is something we struggle with, not just it obviously in the National Guard, but I would say anyone who's in the suicide prevention field counting the number of suicides you have on an annual basis is not necessarily the best way to measure the effectiveness of a prevention program, and I can give you some examples of that. So, when we're talking about getting upstream of suicide, when we're talking about identifying someone who



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has problems and trying to get them support before those problems become a crisis, there are a lot of ways that we can measure success there. We can measure it by the number of individuals who are being referred to a provider to get help. So if we see those numbers going up, that's encouraging to know that we got more people who are feeling confident and comfortable that they can go, ask for help and get it. We also some of our pilots have have developed metrics to look at very nuanced ways that we can provide support. I'll give you one example of a pilot that has really given us some pretty good data so far. It's our New Mexico pilot that looks at screening for adverse childhood experiences. So, what this does is when someone comes into the National Guard, they are screened to see what types of issues they may be bringing with them to their military service. And those individuals that volunteered to be part of this program get regular follow up support from day one. So, someone calls to check to see how they're doing, see how they're adjusting and coping. And the data coming out of this program shows that when we provide that preventative support early, the number of mental health referrals actually goes way down. In other words, the number of individuals who are needing to talk to a licensed provider goes down, and the readiness of those individuals actually goes up. So, their ability to do the things that the guard needs them to do. Again, that isn't necessarily measuring suicides, but when we think about a public health approach to suicide, we don't want to get to a point where someone is suicidal. I mean, if if they do, we have to get them care. But there's a lot of upstream measures that we can take to show that the things that we're doing either work or don't work, that may not reflect in those annual numbers



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that that that you're referring to. So, I know that's a bit of a long answer, but it is a challenge that we have, and we are really trying to standardize our metrics so that we can show program effectiveness without necessarily tying that to actual suicides.

Wayne Hall [00:36:36]

Okay Alex, I know you mentioned you briefly had you had a quick follow up. If you can be quick brief with that, please.

Alex Horton [00:36:41]

Yes. Well, it's a new follow up now. I'm kind of curious about, you know, if you think you're getting the low hanging fruit of prevention. You know, if you're if you're saying our appointments are going up in, referrals are going up and that's a sign that it's working. Is that also not mean that it's possible that you know, you're bringing in people who are sort of receptive to this idea and not the people who would be dismissive and reluctant to seek help. And they're the ones taking their lives like, how are you reaching the people who need to be saved versus the people who can, who are fence sitters and go either way? But it seems like the latter.

Maj. Gen. Eric K. Little [00:37:20]

Matt, go ahead and I'll let you know.

Rear Adm. Matthew Kleiman [00:37:23]

Yeah, I mean, yeah, so I think you're right. I mean, I think we want to really focus on working with first line leaders on messaging around. It's OK to seek help early. And I mean, this is so obvious to me that this is something that that we need to be doing. But this isn't something that's always been part of the military culture. I mean, if you think about the military culture, you know, going back 20, 30 years ago, there's this idea that you know, you don't want to get pulled off the front line. You know, if you are broken, you need to be fixed. And that can really



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have a direct impact on stigma. So, no one wants to be considered mentally broken. So, what we've done is we've really changed how we frame this. So, everyone is expected. We're all dealing with it with a lot of stress and being in the military is a stressful job. We're, you know, it's really more about your performance and the analogy that I would use is looking at like a sports psychologist, right? So, if you if you're an elite athlete and you go to talk to a sports psychologist, you're doing that because you want to get an edge. You want to be able to perform at the highest levels. And no one sees that as your broken and need to be fixed. And this is sort of how the military needs to look at this. So, directing someone to to get support is not about being broken and needing to be fixed. It's really about doing everything that you can do to improve and increase your resilience and your performance. And so, to your point, I mean, I think we have to do both. We have to be prepared when someone does develop a true mental health disorder, they need treatment. But prior to that, there's a lot of things that we can do to support that individual to be the best versions of themselves. And that, you know, that involves getting help, you know, before a problem becomes so severe that they may have a diagnosis. So, it's really doing both.

Maj. Gen. Eric K. Little [00:39:18]

And just to add to that, that's what I was going to hit on was the first line leader, deal. I can't stress enough being on being a commander several times here, and even on the battlefield, you have to ensure that that that first line leader is understanding and can recognize that that that, as you mentioned, there are some people that will help and some people down in those people that don't are the ones you have to watch out for. And you have to be able to



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recognize that they're struggling and have to give them that resource and tell them it's OK. And that goes back to that stigma issue. That stigma in the military is an issue has been an issue for many, many, many years. That's the issue. That's if we can break stigma, we will make a difference. Great question. Great follow up question.

Wayne Hall [00:40:00]

Thank you, gentlemen. Scott, Maucione, I notice that you're on do you have a question for our leaders? Scott. OK, so nothing heard I'm going to move on next to Drew Brooks National Guard Magazine Are you online? Do you have a question? Drew, question. All right, nothing heard I'm going to cause you to press forward Ellen Mitchell from the Hill. Are you online? Do you have a question? I know I don't have a question, thank you. Thanks, Ellen. National go to Karli Goldenberg from Army magazine. Are you online and do you have a question?

Karli Goldenberg [00:40:50]

Yes, I have a question. First, good morning, Major General Little and Rear Admiral Kleiman. So, my question has to do with the sort of things that you both touched on previously in terms of the unique challenges that our reserve component personnel face as they try to seek mental health care access. So a study that was released by RAND in early September identified two key issues, especially for people living in rural areas, and also that people who served in the National Guard experience a higher rate of non-combat stressors, which I think is something that Steve was alluding to previously. So, I know that you've mentioned some of the programs that you're working on to ensure that we're reaching National Guard members when they need mental health care access. I was curious if you



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could speak a little bit more in depth about that, about what the guard is doing to ensure that mental health access is accessible to everyone, but especially for our reserve component personnel who tend to live in more rural areas that are straddling that civilian-soldier identity.

Maj. Gen. Eric K. Little [00:42:02]

So I'm going to hit that big level, and I'll let Matt get into it a little bit more so the vet center. Admiral Kleinman already kind of talked about, and I'll let him talk about it again. But I will tell you, at the OSD level, this is something that not only in the mental health fitness, but also and I'll talk a little bit a little bit about sexual assault. That's the same kind of same issue. It's just the resource having those resources available. If you're an act that you're on your own, you're an active-duty installation. Can that reserve or National Guard member go to the active-duty installation for help? That's some of the barriers that we're trying to break down because we know that's a problem. Having those community partnerships, we want to continue to expand those. We have several now, but we are working with OSD to continue to expand those community resources just for what you just highlighted, because we know that's a problem, again, I'm going to use the I'm from Illinois. You're in southern Illinois, and there's a reason we're all the way in Chicago and you're not going to go all the way up there. So, we have to we have to figure out how we can get those and those community partnerships. And there's several avenues general out there that are doing that right now and setting up those setting up those community partners. For us, for the reasons you said in not very many active-duty installations, even if we can break that barrier. But we have to get those partnerships established in



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getting at least in the lease so they know who to call so we can get some type of even a virtual appointment set up. But Matt, I know you got some specific stuff. I want to give the overall comment.

Rear Adm. Matthew Kleiman [00:43:21] Yes, sir. Thank you. Really good question. So when I started several years ago with NGB, I quickly kind of developed what I kind of came up with as almost like my mantra, which is the things that we need to do up here have to be able to improve the quality of what we do, expand access to care and reduce stigma. Those are the sort of the three overarching areas that that I felt needed to be addressed because even if you have really good quality programs, if nobody has access to those programs, you, you fail. And if you do have great quality programs that everybody can access, but nobody will do it because they're afraid of what it might mean for their career, you fail, so you have to have all three. So, there are a number of things that we've done to try to expand access to care. Just to answer your question directly, we have directors of psychological health and at every wing, at every Joint Force Headquarters and many of our units to really understand what those local resources are and to be kind of that conduit to make referrals. We have a pilot that and I say it's a pilot, but really, this has been a fairly expansive program. I think in over 20 states now and it's continuing to expand. It's called Star Behavioral Health, and we've trained to date about 2,500 community-level providers on how to provide support to our population. So. So we bring civilian community providers in, provide training to them at no cost. To really familiarize them with our culture with the treatment protocols that are effective with our population, understanding that our members go to community



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providers to get a lot of their care since they don't have access to military treatment facility. So that's another program. We've developed a partnership in an MOU (Memorandum of Understanding) with Give An Hour, which has a service provider network across the country that provides free mental health counseling. So, we see a number of referrals every year to Give An Hour. And we also have other resources like Cohen, Veterans Network and other clinics that we partner with at the state level to make sure that we're directing service members to those resources. So again, I could go on, but it's really critical that we understand what are the local resources. So that and then telehealth is a big option for those that don't have anything within, say, 50 to 100 miles of where they live, so we've greatly expanded telehealth. Just last year alone, I think we had over 3,000 telehealth visits just in the Air National Guard alone for follow up care and over 2,00 for new visits. So that's over 5,000 contacts that are just receiving telehealth through the Air National Guard. And you know, again, it's being kind of intentionally redundant having all of these options so that someone who wants care can get it. And if all else fails, there's Military One Source. There's, you know, other resources that DoD provides that that members can access as well.

Wayne Hall [00:46:29]

All right, sir, thank you. Ladies and gentlemen, I'd like to thank you for joining us. That's all the time we have for questions today. I'm going to offer Admiral Kleiman and then General Little brief opportunity for some closing remarks. Any last words they'd like to leave you with? And so, with that Admiral Kleiman, any closing remarks from you



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Rear Adm. Matthew Kleiman [00:46:29] Yes, just wanted to thank everyone for their time today. I mean, I really do appreciate the opportunity to talk about some of our initiatives. And I hope what came across is just how seriously we take this. I mean, this is a calling and a mission for us. I mean, as General Little stated earlier, you know, we get the every time there's a suicide, we get that call and we deal with that as a not just the individual who's lost his or her life, but the impact on the unit, on the family and loved ones. It's really immeasurable. And so, I mean, we take it to heart and everything that we do from a prevention perspective is trying to save lives. And it can be frustrating because we can't always make that direct one to one correlation. But it doesn't stop us from trying, and we continue to look at ways that we can get upstream of suicide and provide again that that support, whether it's through expanding access to care or providing resources down to the 54 down to our leaders, and we'll continue to do it. But again, I just really appreciate the offering to highlight some of the things that we're working on right now and that will continue to work on as we move into next year. Thanks

Wayne Hall [00:47:59]

Thank you, General Little over to you.

Maj. Gen. Eric K. Little [00:48:01]

Yeah just trying to echo what, Admiral Kleiman just said. I do want to thank you all for taking your time. I know you're all busy taking time out today for this to let us talk about what we're trying to do and what we're doing and the things that we that we're continue to push to do because one life is too many. I know you guys hear that, but I also want to tell you, I appreciate you pushing us and I



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appreciate you pushing the DoD to make sure that we continue to try to be the best we can and provide every resource possible to our to our soldiers and airmen out there and also for reporting on it. This, again, is an awareness piece. This will help the awareness to our soldiers and airmen out there. Maybe someone read your article and ask for help. So again, I thank you all and thank you for what you do, and we're really appreciate it. And again, if you ever need anything, please reach out and we'll answer and make sure we can answer whatever needs you have. Thank you again and appreciate it.

Wayne Hall [00:48:49]

Thank you, General Little. All right. Again, thank you for joining us today if you have any additional questions for us afterwards. Please feel free to contact us by email and we'll try to get you responses as efficiently as we can. Thank you very much.

Duration: 00:49 minutes and 5 seconds

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